



CITY OF DELTONA

BUILDING AND ENFORCEMENT SERVICES DEPARTMENT

2345 Providence Blvd - Deltona, FL 32725

Permitting: (386) 878-8660 - (386)878-8662 - Zoning: (386) 878-8650 Fax: (386) 878-8651

E-mail: Permitting@deltonafl.gov

OFFICE HOURS

Monday - Friday 8:00 a.m.-4:00 p.m.

LIMITED POWER OF ATTORNEY

DATE: _____

I hereby name and appoint _____

(Print Name Clearly)

of _____ to be my lawful attorney in fact to

(NAME of COMPANY)

act for me and apply to the City of Deltona for a _____

(PERMIT TYPE)

permit for work to be performed at a location described as:

Address of Job

Owner of Property

and to sign on my behalf do all things necessary for this appointment.

Type or Print name of Licensed Contractor

Contractor's License Number

Signature of Contractor

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally
known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Not

(SEAL)